

**441—200.4 (600) Adoption services.** Adoption services shall include: adoptive home study, preparation of child, selection of family, preparation of family, preplacement visits, placement services, and postplacement services.

**200.4(1) Adoptive home study.** The recruitment and retention contractor shall prepare an adoptive home study through the following activities:

*a. Family assessment.* The family assessment shall include a minimum of two face-to-face interviews with the applicants and at least one face-to-face interview with each member of the household. At least one of the interviews shall take place at the applicant's home. The assessment of the prospective adoptive family shall include an evaluation of the family's ability to parent a special needs child or children including the following:

- (1) Motivation for adoption and whether the family has biological, adopted or foster children.
- (2) Family's and extended family's attitude toward accepting an adopted child and plans for discussing adoption with the child.
- (3) The attitude toward adoption of the significant other people involved with the family.
- (4) Emotional stability, marital history, including verification of marriages and divorces, family relationships and compatibility of the adoptive parents.
- (5) Ability to cope with problems, stress, frustrations, crises, separation, and loss.
- (6) Medical, mental and emotional conditions that may affect the applicant's ability to parent a child, treatment history, and current status of treatment.
- (7) Willingness to accept a child who has medical problems (such as a child who is at risk of, or is HIV positive), mental retardation, or emotional or behavioral problems. Ability to provide for the child's physical, medical and emotional needs and respect the child's ethnic and religious identity.
- (8) Adjustment of any children in the home, including their attitudes toward adoption, relationships with others, and school performance.
- (9) Disciplinary practices that will be used.
- (10) Capacity to give and receive affection.
- (11) Statements from three references provided by the family and additional references the worker may wish to contact.
- (12) Financial information, ability to provide for a child and whether there is a need for adoption subsidy for a special needs child or children.
- (13) Attitudes of the adoptive applicants toward the birth parents and the reasons the child is available for adoption.
- (14) Commitment to and capacity to maintain significant relationships.
- (15) Substance use or abuse, if any, by family members, or members of the household, treatment history and current status of treatment.
- (16) History of abuse, if any, by family members, or members of the household, treatment history, current status of treatment and the evaluation of the abuse.
- (17) Criminal convictions, if any, by family members, or adults in the household, and the evaluation of the criminal record.
- (18) Recommendations for number, age, sex, characteristics, and special needs of a child or children the family can best parent.

*b. Record checks.* Record checks are required for each applicant and for anyone who is 14 years of age or older living in the home of the applicant to determine whether they have founded child abuse reports or criminal convictions or have been placed on the sex offender registry. The department's contractor for the recruitment and retention of resource families shall assist applicants applying through the department in completing required record checks, including fingerprinting.

(1) Iowa records. Each applicant and anyone who is 14 years of age or older living in the home of the applicant shall be checked for records with:

1. The Iowa central abuse registry, using Form 470-0643, Request for Child Abuse Information;

2. The Iowa division of criminal investigation, using Form 595-1396, DHS Criminal History Record Check, Form B; and
3. The Iowa sex offender registry.

(2) Other states' records. Each applicant and any other adult living in the applicant's home shall be checked for records on the child abuse registry of any state where the person has lived during the past five years.

(3) Federal records. Each applicant shall be fingerprinted for a national criminal history check. Other adults living in the home may be fingerprinted if the department determines that a national criminal history check is warranted.

(4) If the applicant, or anyone living in the home of the applicant, has a record of founded child abuse, a criminal conviction, or placement on the sex offender registry, the department shall not approve the applicant as an adoptive family, unless an evaluation determines that the abuse or criminal conviction does not warrant prohibition of approval. The evaluation shall be conducted according to procedures in 441—subrules 113.13(2) and 113.13(3) for applications for adoption through the department or procedures in 441—subrule 108.9(4) for applications for adoption through a child-placing agency.

(5) The department shall assess fees associated with the record checks to the adoptive applicant unless the family is being studied to adopt a child with special needs.

*c. Written report.* The worker shall prepare a written report of the family assessment, known as the adoptive home study, using the PS-MAPP family profile format. The worker shall use the home study to approve or deny a prospective family as an appropriate placement for a child or children. The department adoption worker and supervisor shall date and sign the adoptive home study.

The worker shall notify the family of the decision using Form 470-0745, Adoption Notice of Decision, and, if the worker does not approve the home study, shall state the reasons on the notice. The worker shall provide the family a copy of the adoptive home study with the notification of approval or denial.

*d. Preplacement assessment and home study update.* A preplacement assessment and home study update is required if the adoptive home study was written more than one year previously, in accordance with Iowa Code section 600.8, and placement of the child is imminent. The preplacement assessment and home study update shall be conducted by completing the following:

(1) The child abuse and criminal record checks shall be repeated, except for fingerprinting. If there are any founded abuses or convictions of crimes that were not evaluated in the previous home study, they shall be evaluated using the process set forth in 200.4(1)“b.”

(2) One face-to-face visit shall be conducted with the approved adoptive family.

(3) The information in the approved adoptive home study shall be reassessed.

(4) An updated written report of the reassessment and adoptive home study shall be written, dated, signed by the worker and the supervisor; and a copy provided to the adoptive family.

*e. Procedure for foster parent adoptions.* When a licensed foster parent applies for approval as an adoptive home, home study activities that have been completed within the previous year as part of a licensing study pursuant to 441—Chapter 113 need not be repeated.

**200.4(2) Preparation of child.** The department adoption worker shall conduct specific activities designed to enable a child to make the transition to an adoptive placement or refer the child to the family safety, risk, and permanency services contractor or other professionals. The activities shall include, but are not limited to:

*a.* Counseling regarding issues of separation, loss, grief, guilt, anger and adjustment to an adoptive family.

*b.* Preparation or update of a life book.

*c.* Provision of age-appropriate information regarding community resources available, such as children's support groups, to assist the child in the transition and integration into the adoptive family.

- d. Any appropriate evaluations or testing.
- e. HIV testing of a child by the University of Iowa Hospital or a local physician when any of the following conditions exist:
  - (1) The child was, or may have been, sexually abused by a person who participated in high-risk behavior such as sharing of needles with an infected person or sex participation with an infected person.
  - (2) The child's birth mother participated in high-risk behavior, or is HIV positive.
  - (3) The child participated in, or has participated in, high-risk behavior.
  - (4) The child is symptomatic or at high risk of infections.
  - (5) The child received blood products prior to 1986 or the birth parents received blood products prior to 1986, before or during pregnancy.
  - (6) There is a lack of medical information regarding the birth parents or the child.

**200.4(3) *Selection of family.*** The family that can best meet the needs of the adoptive child shall be selected as follows:

- a. Before preplacement visits occur, a conference shall be held to select an approved family. A minimum of two social workers and a supervisor shall be included in the conference. The child's special needs, characteristics, and anticipated behaviors shall be reviewed in the conference to determine a family that can best meet the needs of the child. Approved families shall also be reviewed in an effort to match the specific family's parenting strengths with a particular child's needs.
- b. The following selection criteria shall be observed:
  - (1) Preference shall be given to placing children from the same birth family together. If placement together is not possible, or is not in the best interest of the children, the reasons shall be identified and documented in each child's case record. Efforts shall be made to ensure continuous contact between siblings when the siblings are not placed together.
  - (2) Race, color, or national origin may not be routinely considered in placement selections except when an Indian child is being placed pursuant to Iowa Code section 232.7 or Iowa Code chapter 232B. Placement decisions shall be made consistent with the best interests and special needs of the child.
  - (3) A relative who is within the fourth degree of consanguinity shall be given consideration for selection as the adoptive family for a child who is legally available for adoption if the child has a significant relationship with the relative or the child is aged 14 or older and elects adoption by the relative.
  - (4) Foster parents shall be given consideration for selection as the adoptive family for a child in the foster parents' care who is legally available for adoption if the child has been in the foster parents' care for six months or longer or the child has a significant relationship with the family.

**200.4(4) *Preparation of family.*** The recruitment and retention contractor and the department adoption worker shall conduct activities designed to assist the adoptive family in expanding its knowledge and understanding of the child or children. These activities should enhance the family's readiness to accept the child or children into their family and encourage their commitment. A referral may be made for family safety, risk, and permanency services if needed. The activities shall include, but are not limited to:

- a. Completion of at least 30 hours of "Partnering for Safety and Permanence: Model Approach to Partnership in Parenting" (PS-MAPP) and the self-study course, "Universal Precautions in Foster and Adoptive Family Homes," before placement of a child. These training requirements apply to families who are adopting special needs children who are under the guardianship of the department.
  - (1) Foster parents licensed before December 31, 2002, who have been caring for a foster child in their home for at least six months and who have been selected to adopt that child may have their participation in adoption training waived by the service area manager or designee.
  - (2) Relatives who have cared for a related child for at least six months and who have been selected to adopt that related child may have their participation in the PS-MAPP preservice training waived by the service area manager or designee.
  - (3) The department may waive the PS-MAPP training requirement in whole or in part when the department finds that:

1. The applicant has completed relevant training or has a combination of relevant training and experience that is an acceptable equivalent to all or a portion of the required preservice training; or
2. There is good cause for the waiver based upon the circumstances of the child and the applicant.

(4) If the adoptive parents are accepting placement of a child who is at high risk of becoming or is HIV positive, they shall also complete the “Caring for Children With HIV” course.

(5) Applicants must retake PS-MAPP if the adoption approval process is not completed within 24 months after PS-MAPP is initially completed.

*b.* Discussion with family members regarding problems resulting from a child’s separation, loss, grief, and anger due to the loss of the birth parents.

*c.* Provision of background information on the child and birth family, including a child study that includes experiences such as foster and adoption placements and other pertinent information and the child’s life book.

*d.* Provision of information regarding the child’s special needs and behavior patterns.

*e.* Provision of a description of the child’s medical needs, including whether or not the child is at risk of or is HIV positive.

*f.* Discussion of the impact that adding a new member or members to the family may have on all current family members.

*g.* Explanation of the subsidized adoption program.

*h.* Provision of information regarding the community resources that are available to assist the family, such as parent support groups.

**200.4(5) *Preplacement visits.*** The department worker shall plan, conduct and assess the transitional visits between the adoptive family and the child or children before the adoptive placement of the child in the home.

**200.4(6) *Placement services.*** Placement services include the activities necessary to plan and carry out the placement of a child or children into the adoptive family.

Before placement of a child, the Agreement of Placement for Adoption, Form 470-0761, shall be signed by all parties.

**200.4(7) *Postplacement services.*** An adoptive family is eligible for postplacement services from the time a child is placed with the family until finalization of the adoption occurs. The department adoption worker shall supervise the placement, provide ongoing support to the child and family, perform crisis intervention, and complete required reports. Assistance with behavioral interventions to strengthen the placement and prevent disruption may be provided through family safety, risk, and permanency services.

*a.* Postplacement supervision shall focus on the following areas:

- (1) Integration and interaction of the child or children with the family.
- (2) Changes in the family functioning which may be due to the placement.
- (3) Social and emotional adjustment of the child or children.
- (4) School adjustment of the child or children who are attending school.
- (5) Changes and adjustments that have been made in the family since the placement.
- (6) Family’s method of dealing with testing behaviors and discipline.
- (7) Child’s growth and development since placement in the family.
- (8) Behavioral evidence of the degree of bonding that is taking place and the degree to which the child is becoming a permanent member of the adoptive family.

*b.* At a minimum, the department adoption worker shall make monthly adoptive home visits until the adoption is final. If the family is experiencing problems, the worker shall make as many visits as are necessary to assess and support the placement.

*c.* The department adoption worker shall prepare a written report based on the postplacement visits with recommendations regarding the finalization of the adoption and submit the report to the court before the hearing to consider granting a decree of adoption.

**200.4(8) *Postadoption services.*** The department's recruitment and retention contractor shall provide postadoption services to families that are eligible for the department's adoption subsidy program in accordance with the contract. The goal of these services is to prevent adoption dissolution. The family may obtain additional support through community resources or support groups.

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